

INFORMED CONSENT CHECKLIST FOR TELEHEALTH SERVICES

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Prior to starting video-conferencing services, please review the following:

• There are potential benefits and risks of videoconferencing (e.g. limits to patient confidentiality) that differ from in-person sessions.

 \cdot Confidentiality still applies for telehealth services, and nobody will record the session without the permission from the others person(s).

 \cdot We agree to use the video-conferencing platform selected for our virtual sessions, and the psychologist will explain how to use it.

 \cdot It's ideal to use a webcam or smartphone during the session, although telephone sessions may be allowed.

 \cdot It is important to be in a quiet, private space that is free of distractions (including cell phone or other devices) during the session.

· It is important to use a secure internet connection rather than public/free Wi-Fi.

• It is important to be on time. If you need to cancel or change your tele-appointment, you must notify the psychologist in advance by phone or email.

 \cdot We need a back-up plan (e.g., phone number where you can be reached) to restart the session or to reschedule it, in the event of technical problems.

 \cdot We need a safety plan that includes at least one emergency contact and the closest ER to your location, in the event of a crisis.

• You may wish to confirm with your insurance company that the video sessions will be reimbursed; if they are not reimbursed, we can discuss options.

 \cdot We can continue a dialogue about how telehealth working for you and if it is a reasonable form of therapy for you.

Name:

Signature:

Date: